	of ( 1? (12/3	No Opera 31/00): 47 Title	st Level te in Co 18 (Meo	License: onjunction with licare) Certifie y Census:	CBRF? No	es	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/0	00) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service	No No No No Yes No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes	0. 0 36. 8 0. 0 0. 0 7. 9 0. 0 0. 0 26. 3 5. 3	Age Groups  Under 65 65 - 74 75 - 84 85 - 94 95 & Over  65 & Over	7. 9 23. 7 34. 2 26. 3 7. 9 100. 0 92. 1	Less Than 1 Year 1 - 4 Years More Than 4 Years  *****************************  Full-Time Equival Nursing Staff per 100 (12/31/00)  RNs LPNs	
Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No Yes	Respiratory Other Medical Conditions	2. 6 15. 8 100. 0	Male Female	36. 8 63. 2 100. 0	Nursing Assistants Aides & Orderlies	29. 7

Method	of	Rei m	bursement
--------	----	-------	-----------

		Medi (Titl	e 18)		Medic (Title	19)		0th			vate			Manageo			Percent
			Per Die	m		Per Di ei	m		Per Diem	l		Per Diem		Ī	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100.0	\$217.48	33	97. 1	\$101.97	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	37	97. 4%
Intermedi ate				1	2.9	\$86. 01	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.6%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	4	100.0		34	100. 0		0	0.0		0	0.0		0	0.0		38	100.0%

County: Milwaukee MILWAUKEE CARE CENTER

MI LWAUKEE CARE CENTER ************************************	******	********	*******	******	******	********	*****	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services	s, and Activities as o	of 12/31	/00
Deaths During Reporting Period					Needi ng		,	Total
Percent Admissions from:		Activities of	%		stance of	% Totally		mber of
Private Home/No Home Health	8. 1	Daily Living (ADL)	Independent		r Two Staff	Dependent		si dents
Private Home/With Home Health	2. 7	Bathi ng	5. 3		57. 9	36. 8		38
Other Nursing Homes	29. 7	Dressi ng	5. 3		57. 9	36. 8		38
Acute Care Hospitals	<b>56.</b> 8	Transferring	21. 1		50. 0	28. 9		38 38
Psych. HospMR/DD Facilities	0.0	Toilet Use	21. 1		44. 7	34. 2		38
Rehabilitation Hospitals	0.0	Eati ng	63. 2		0. 0	36. 8		38
Other Locations	2. 7	************************************	******	******	*********	*********	******	******
Total Number of Admissions	37	Continence	1 0 .1 .		Special Trea			%
Percent Discharges To:		Indwelling Or Externa		13. 2		Respiratory Care		2. 6
Private Home/No Home Health	2. 7	Occ/Freq. Incontinent		<b>52. 6</b>		Tracheostomy Care		0. 0
Private Home/With Home Health	21.6	Occ/Freq. Incontinent	of Bowel	<b>60</b> . <b>5</b>		Suctioning		0. 0
Other Nursing Homes	16. 2	M-1:1:4			Recei vi ng	Ostomy Care		0. 0
Acute Care Hospitals	16. 2	Mobility	i	9.0	Receiving	Tube Feeding	Di ata	5. 3 57. 9
Psych. HospMR/DD Facilities Rehabilitation Hospitals	8. 1 0. 0	Physically Restrained	l	2. 6	Recei vi lig	Mechanically Altered	brets	37. 9
Other Locations	2. 7	Skin Care			Othor Posido	ent Characteristics		
Deaths	32. 4	With Pressure Sores		10. 5		nce Directives		100. 0
Total Number of Discharges	<i>0≈.</i> 1	With Rashes			Medications	ice bilectives		100. 0
(Including Deaths)	37			3.3		Psychoactive Drugs		52. 6
********************	k*****	*****************	*********	******	**********	k*******************	*****	*****

	Thi s		ershi p: pri etary		Si ze:	Li ce Ski l	ensure: led	Al l	
	Facility Peer Group		Peer	Group	Peer	Group	Faci l	ities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	62. 7	74. 6	0.84	86. 1	0. 73	81. 9	0. 77	84. 5	0. 74
Current Residents from In-County	97. 4	84. 4	1. 15	90. 2	1.08	85. 6	1. 14	77. 5	1. 26
Admissions from In-County, Still Residing	37. 8	20. 4	1.86	22. 1	1.71	23. 4	1. 62	21. 5	1. 76
Admissions/Average Daily Census	100. 0	164. 5	0. 61	168. 8	0. 59	138. 2	0. 72	124. 3	0.80
Discharges/Average Daily Census	100. 0	165. 9	0. 60	169. 2	0. 59	139. 8	0. 72	126. 1	0. 79
Discharges To Private Residence/Average Daily Census	24. 3	62. 0	0.39	70. 9	0. 34	48. 1	0. 51	49. 9	0.49
Residents Receiving Skilled Care	97. 4	89. 8	1. 08	93. 2	1.04	89. 7	1. 09	83. 3	1. 17
Residents Aged 65 and Older	92. 1	87. 9	1. 05	93. 4	0. 99	92. 1	1.00	87. 7	1.05
Title 19 (Médicaid) Funded Residents	89. 5	71. 9	1. 25	51. 5	1. 74	65. 5	1. 37	69. 0	1. 30
Private Pay Funded Residents	0.0	15. 0	0.00	36. 3	0.00	24. 5	0.00	22. 6	0.00
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 4	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	36. 8	31. 7	1. 16	33. 0	1. 12	31. 5	1. 17	33. 3	1. 10
General Medical Service Residents	15. 8	19. 7	0. 80	24. 2	0. 65	21.6	0. 73	18. 4	0.86
Impaired ADL (Mean)	<b>56</b> . 3	50. 9	1. 11	48. 8	1. 15	50. 5	1. 12	49. 4	1. 14
Psychological Problems	<b>52.</b> 6	<b>52.</b> 0	1. 01	47. 7	1. 10	49. 2	1. 07	50. 1	1.05
Nursing Care Required (Mean)	9. 5	7. 5	1. 27	7. 3	1. 31	7. 0	1. 36	7. 2	1. 33